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Cover micrograph by Joy M. Blair, MD, and Justin Kline, Department of Internal Medicine, on samples provided by James Vardiman, MD, Department of Pathology, University of Chicago.

In this atomic force microscope image of blood cells from a patient with sickle cell anemia, we can see the abnormally shaped and sickled cells that clump more readily than normal red blood cells, which are donut-shaped. Commentary and articles start on page 38.

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EDITORIAL

With this issue, David M. Ozonoff, MD MPH, joins *Public Health Reports* as the book review editor. Dr. Ozonoff works for the Veterans Administration and is a Professor in and Chair of the Department of Environmental Health at the Boston University School of Public Health. Under David's leadership we will

expand this department of the journal, bringing you insight into public health's major intellectual advances and controversies through reviews by some of the field's leading experts and critics. And of course we will continue to review the books and films that shape the general public's understanding of public health.

PUBLIC HEALTH NEWS & NOTES

Reports Highlight Vaccine Inequities

The percentage of fully immunized 2-year-old children in the United States rose from 55% in 1992 to 75% in 1994 and 1995, according to a report by the Children's Defense Fund. At the same time, the report pointed out, the rate of vaccine-preventable illness among young children dropped by 41% from 1993 to 1995, with seven of eight vaccine-preventable illnesses reaching all-time record lows,

Worldwide, however, more than two million children still die annually from diseases that could have been prevented by vaccination, according to a World Health Organization-United Nations Children's Fund joint report.

Another five to six million children in poor countries die from vaccine-preventable diseases because the vaccines are not available to them, the report added.

Increasing costs and diminishing financial contributions from governments and philanthropies could threaten future efforts to prevent such child killers as diarrhea, respiratory infections, and malaria, for which vaccines are currently being developed, according to the joint report.

The Children's Defense Fund report can be obtained by telephone at 202-662-3551 or by e-mail at <healthaa@childrensdefense.org>. The World Health Organization-United Nations Children's Fund report, State of the World's Vaccines and Immunization, is available from Celinda T. Verano at 212-963-8320.

Medicare Beneficiaries Need New Care Options, Better Protection: IOM

The health care options available to Medicare beneficiaries should be expanded, but only after the Federal Government and private insurers take steps to make all health plans more responsive and understandable to the elderly, according to a committee of the Institute of Medicine (IOM).

Medicare participants are moving into managed care arrangements at an unprecedented pace, especially in California and Florida. Still, 31 states have no significant enrollment in health maintenance organizations among Medicare beneficiaries. Only 10% of the Medicare population is enrolled in managed care, compared with 70% of the non-Medicare population.

Medicare, the single largest payer

ing, if radiation exposure were causing higher mortality, death rates in the latter two categories should be elevated. But that was not found.

The report says that even those Bikini participants believed to have been exposed to the highest radiation doses because of their roles in the tests have not suffered from an unusually high incidence of cancer or leukemia. In fact, deaths from cancers and leukemia, while slightly higher, were not statistically significant, and the increases in these diseases were lower than for many other specific causes of death.

NIH Panel Urges Exercise for All

All Americans should engage in regular physical activity at a level appropriate to their capacity, needs, and interest, a National Institutes of Health (NIH) Consensus Panel has concluded.

Children and adults alike should set a goal of accumulating at least 30 minutes of moderate-intensity physical activity on most, and preferably, all days of the week, the panel of 13 experts urged.

Most Americans, the panel said, have little or no physical activity in their daily lives, and accumulating evidence indicates that physical inactivity is a major risk factor for cardiovascular disease. Moderate levels of physical activity, however, confer significant health benefits, according to the experts.

Even those who currently meet these daily standards may derive additional health and fitness benefits by becoming more physically active or including more vigorous activity. For those with known cardiovascular disease, cardiac rehabilitation programs that combine physical activity with reduction in other risk factors should be more widely used, the panel declared.

The non-Federal, nonadvocate panel represented the fields of cardiology, psychology, exercise physiology,

nutrition, pediatrics, public health, and epidemiology. In addition, 27 experts in cardiology, psychology, epidemiology, exercise physiology, geriatrics, nutrition, pediatrics, public health, and sports medicine presented data to the panel and a conference audience of 600.

The panel, answering predefined questions, based its conclusions on the scientific evidence presented in open forum and the scientific literature. Scientific evidence was given precedence over clinical anecdotal experience. The panel composed a draft statement that was circulated to the experts and the audience for comment. The panel

resolved conflicting recommendations and revised the statement.

Over the past 25 years, the United States has experienced a steady decline in the age-adjusted death toll from cardiovascular disease, primarily in mortality caused by coronary heart disease and stroke. Despite this decline, coronary heart disease remains the leading cause of death and stroke the third leading cause of death. Lifestyle improvements by the American public and better control of the risk factors for heart disease and stroke have been major factors in this decline.

ELECTRONIC UPDATE

Guttmacher Institute Launches Web Site

A Web site featuring information about national and international reproductive health and policy has been launched by the Alan Guttmacher Institute.

The site offers policy analysis and news releases as well as search tools on sexual behavior, pregnancy and birth, prevention and contraception, abortion, youth, sexually transmitted diseases, and law and public policy.

The site may be accessed at www.agi-usa.org.

about ongoing cancer trials via the World Wide Web.

Summaries of 150 or more breast cancer trials were made available on line in the fall of 1996 through the home page of the National Alliance of Breast Cancer Organizations at www.nabco.org.

Links from that page lead to the NCI clinical trials page at www.nih.gov/health/ or URL [gopher://gopher.nih.gov:70/11/clin/cancernet](http://gopher.nih.gov:70/11/clin/cancernet).

Future sites will offer summaries of clinical trials of treatments for brain tumors and prostate cancer.

Clinical Trial Information Available to Lay Public

A project sponsored by the National Cancer Institute and patient advocate groups provides easily understandable information

State Laws on Internet

The full text of state statutes, legislation, constitution, and session laws may be found on the Internet at "Full-Text State Statutes and Legislation on the Internet," located at www.prairienet.org/~scruffy/f.htm.

WRITING FOR PUBLIC HEALTH REPORTS

At *Public Health Reports* we welcome any contribution that helps us meet the information needs of public health professionals by informing them about important scientific and programmatic developments, new technologies, policies, and scientific debate. Our ultimate objective is to strengthen public health in the United States.

When submitting your manuscript, help us by writing a thoughtful letter explaining why it belongs in *Public Health Reports* rather than elsewhere. For manuscripts that you wish to craft specifically for *Public Health Reports* we welcome and strongly encourage telephone or e-mail inquiries before you undertake or complete the writing. Our job is to help you produce manuscripts that we want to publish.

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Contributions and Their Length

Letters to the Editor. We strongly encourage you to submit letters. Brevity is a virtue; between submissions of equal merit we are certain to choose the shorter one.

News & Notes. This section includes brief news items, report synopses, and announcements. These are used and rewritten at the discretion of the editors. *500 word maximum.*

Feature Articles. Features, often solicited by the editors, gather together recent research from other sources to present the current status of a subject area and the implications for policy, programming, or future research directions. For features it is particularly important that you send a query letter with your idea, its relevance to our readers, and why you are the appropriate author. If in doubt, look at recent issues for examples. A synopsis and key words for use in secondary publishing and indexing should be included. *5000 word maximum.*

Scientific Contributions. We seek to publish research that is fully developed and original. To avoid redundant publishing, we do not accept material that is preliminary or only incrementally different from previously published research. Scientific contributions should be presented in the most concise manner possible with a maximum length of *5000 words*, including a structured abstract of up to *250 words*.

Departments. *Overseas Observer*, *Public Health and Law*, *Minority Health Monitor*, *Information Technology*, *PHS Chronicles*, *Book & Film Reviews*, and *NCHS Data Line*. These are solicited pieces, for the most part, although we do welcome letters of inquiry with article ideas. *850–2500 words.*

Authorship

Who is an author? Not a trivial question, so please refer to the *Uniform Requirements*. We do need to have the signature of each author before we can publish a paper or letter.

Conflicts of Interest

Full disclosure and avoiding the appearance of a conflict are our guiding principles. If any financial influence or other conflict of interest *might* have biased your work, you should disclose to us—even if you are confident that no bias intervened. Please let us decide what to disclose in print.

Covering Letter

We need certain information when we receive your submission: authorship, conflicts of interest, a statement that the material has not been published nor is being considered for publication elsewhere, along with references to closely related articles (copies should be enclosed). Please give us your telephone and fax numbers and e-mail address. Please submit three copies of the manuscript, tables, and figures. Text should be double spaced.

Acknowledgment of Receipt

We acknowledge each submission when it arrives or when it is sent out for review.

Peer Review

After an initial reading by our editors, we select promising scientific contributions for peer review; these are sent to two or more external reviewers.

The Manuscript

Here's what your manuscript should look like:

Title Page. (a) title (short and descriptive); (b) full names of all authors, includ-

ing their graduate degrees; (c) a separate paragraph identifying authors' institutional affiliations during the course of the research (and current affiliations if different); (d) name, street address, telephone and fax numbers, and e-mail address (if available) for reader correspondence; (e) word count of the text (inclusive of references) and the number of charts/figures.

Synopsis Page. The abstract is your work's face to the world (as published by various medical indexes that include *PHR*). A good abstract promotes readership. Synopses of feature articles should be a maximum of 150 words without abbreviations, symbols, or references to tables or graphs. Abstracts of scientific articles (*250 word maximum*) should contain four parts labeled *Objectives*, *Methods*, *Results*, and *Conclusions*. Below the abstract provide a maximum of 10 key words (use Medical Subject Headings from *Index Medicus*).

Text. In writing for *Public Health Reports*, keep in mind that public health is an extremely broad field and most readers will be in parts of the field other than your own. Your introduction or lead is particularly important. Scientific contributions should be divided into four categories: *Introduction*, *Methods*, *Results*, *Discussion*. No further subheadings are necessary unless you feel they are helpful to the reader.

References. Please consult the *Uniform Requirements* and recent issues of *PHR*. Citations of personal conversations or unpublished material should appear in the text. We hope you will supply the Universal Resource Locator (URL) code with any reference for which you know it.

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In Upcoming Issues

DENTAL SEALANTS

Mark Siegel

Sealants are the second most important dental public health strategy, but unlike fluoridation, they require the laying on of hands.

OUR AGING POPULATION AND PUBLIC HEALTH

Samuel Korper

With our intense interest in institutional change, it is easy to lose sight of major demographic shifts, such as the aging of our citizenry.

How will an older population affect public health?

ROBERT WEINBERG'S *RACING TO THE BEGINNING OF THE ROAD*

A REVIEW OF THIS BOOK ON CANCER

David Ozonoff

MONITORING HEALTH CARE IN THE UNITED STATES:

AN IMPOSSIBLE TASK

Allyson M. Pollock, Dorothy P. Rice

A former director of NCHS and her colleague
challenge DHHS to make good use of
new provisions in Kennedy-Kassebaum.

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